DOCUMENT RESUME

ED 482 881 PS 031 734

AUTHOR	Cryer, Debby; Hurwitz, Sarah; Wolery, Mark .
TITLE	Continuity of Caregiver for Infants and Toddlers. ERIC Digest.
INSTITUTION	ERIC Clearinghouse on Elementary and Early Childhood Education, Champaign, IL.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO	EDO-PS-03-17
PUB DATE	2003-12-00
NOTE	4p.
CONTRACT	ED-99-CO-0020
AVAILABLE FROM	ERIC Clearinghouse on Elementary and Early Childhood Education, Children's Research Center, University of Illinois, 51 Gerty Drive, Champaign, IL 61820-7469. Tel: 877-275-3277 (Toll Free); Tel: 217-244-4835; Fax: 217-333-3767; Web site: http://ecap.crc.uiuc.edu/info. For full text: http://ecap.crc.uiuc.edu/eecearchive/digests/2003/cryer03.html.
PUB TYPE	ERIC Publications (071) -- ERIC Digests in Full Text (073)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	*Caregiver Child Relationship; *Child Care; Child Care Centers; *Child Care Effects; *Child Care Quality; *Child Caregivers; *Developmental Continuity; Infant Care; Infants; Toddlers
IDENTIFIERS	ERIC Digests

ABSTRACT

Higher-quality child care during the first 3 years of a child's life may have strong and enduring effects on the child's development and well-being. One practice that is theorized to promote higher quality of care is the provision of continuity of caregivers for young children. Continuity of caregivers means that infants and toddlers remain with the same teacher(s) during a significant part, if not all, of their first years in a program. The practice is intended to create a consistent personal relationship between a child and a teacher. This Digest describes the practice as it is usually implemented, discusses the theory and research behind the practice, and offers suggestions for centers interested in offering continuity of caregivers. These suggestions include: (1) recruiting new children to fill in at upper age levels when it is more appropriate to have more children per adult; (2) using mixed-age groupings; and (3) rewarding staff for longevity with the program. The Digest concludes by noting that the actual effects associated with the practice are based only on theoretical assumption and limited research, and that center staff may require more compelling evidence that a practice is a better option before undertaking the substantial modifications that are required in making a significant change. (LPP)

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ED 482 881

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by

Debby Cryer, Sarah Hurwitz, and Mark Wolery

December 2003 **EDO-PS-03-17**

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University of Illinois • 51 Gerty Drive • Champaign, IL 61820-7469
(217) 333-1386 • (800) 583-4135 (voice/TTY) • ericeece@uiuc.edu • http://ericeece.org

ERIC DIGEST
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Continuity of Caregiver for Infants and Toddlers

Debby Cryer, Sarah Hurwitz, and Mark Wolery

According to the 1999 National Survey of American Families, an estimated 10% of infants under a year of age are participating in center-based care and education programs, while the numbers are higher for 1-year-olds (16%) and 2-year-olds (24%) (Ehrle, Adams, & Tout, 2001). The practices used in caring for these infants and toddlers may have strong and enduring impacts on children's development and well-being. In terms of child care quality during the first three years, higher quality is associated with better mother-child relationships, fewer reports of children's behavior problems, higher cognitive and language outcomes, and better readiness for school (Burchinal et al., 1996; NICHD Early Child Care Research Network, 1996). In addition to the general quality of care for infants and toddlers, discrete practices may influence the development of infants and toddlers. One practice that is currently attracting substantial interest is the provision of continuity of caregivers for young children. Continuity of caregivers means that infants and toddlers remain with the *same* teacher(s) during a significant part, if not all, of their first years in a program.

Continuity of Caregiver

Traditionally, young children in center-based child care programs have a series of *different* caregivers during the first three years of life. Centers often follow the lock-step elementary school practice of moving children to a different class/teacher at the end of the year. Many programs move children more often, from class to class, teacher to teacher, as soon as they attain certain developmental milestones, such as crawling or walking. Some programs may move children on a daily basis to meet ratio or other staffing requirements. This practice is often used to ensure efficient use of program resources by keeping classes full and enrolling infants, for whom there is more child care demand. High rates of teacher turnover increase the likelihood that children will change teachers repeatedly during the infant/toddler years (Helburn, 1995; Whitebook, Howes, & Phillips, 1989).

The rationale for continuity of caregiver is similar to that for assigning primary caregivers to very young children. Primary caregivers take major responsibility for meeting the care and educational needs of a small group of children, within a larger group. Both practices, continuity of caregiver and primary caregiver, are intended to create a consistent personal relationship between a child and a teacher.

In these practices (primary caregiver and continuity of caregiver), transitions between teachers are minimized because transitions are seen as being stressful for the child (and adults) and wasteful in terms of learning time. When a child is moved to a new caregiver, recommended practice suggests that strategies be used to ease transitions. For example, children can visit their new class and teacher before moving, or their new teacher can visit them a few times so that they can get to know one another.

Theory and Research

The current professional recommendation of continuity of caregiver for infants and toddlers is based on conclusions drawn from child development theory and from limited research findings. Theoretically, issues regarding the development of secure maternal attachment are considered paramount for infants and toddlers (Ainsworth et al., 1978; Bowlby, 1982; Smith & Pederson, 1988). Secure maternal relationships are associated with more positive child outcomes, especially with regard to social-emotional development (e.g., Matas, Arend, & Sroufe, 1978; Jacobson & Wille, 1986). There also is evidence that maternal attachment is related to children's language development (Klann-Delius & Hofmeister, 1997; van Ijzendoorn et al., 1995), cognitive development (van Ijzendoorn et al., 1995), and emergent literacy (Bus & van Ijzendoorn, 1988).

Some evidence suggests that in addition to attachment to mothers, the child's attachment to a primary caregiver in out-of-home child care is also important (Cummings, 1980; Goossens & van Ijzendoorn, 1990; Howes & Hamilton, 1992). Raikes' (1993) research suggests that children take a significant amount of time to form attachments to caregivers, so they are less likely to form attachments if frequent caregiver changes occur. Howes and Hamilton (1992) found that with multiple changes in caregivers, toddlers are less likely to relate to a new caregiver based on her own behavior but rather re-create the quality of the relationship with a previous caregiver. They also report a relationship between the number of caregiver losses experienced by a preschooler and the likelihood that the child will be socially withdrawn or aggressive with peers (Howes & Hamilton, 1993). It is possible that the effects of caregiver changes might relate to other areas of children's development as well.

Current Practice

The extent to which children change caregivers during the first three years in child care centers is not known, but it is assumed to be high (Howes & Hamilton, 1993). Likewise, little is known about the extent to which continuity of caregiver is practiced, although reports of survey research conducted by Cryer et al. (2000) of 273 centers indicate that relatively few programs, whether accredited or non-accredited, provide continuity of caregivers for infants and even fewer provide it for toddlers.

Implementing Continuity of Caregiver

When the practice of continuity of caregiver is implemented in child care centers, various strategies are

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used. For example, the amount of time that children remain with the same teacher might vary, with some having the same teacher through the first and second years, and others having the same teacher for a shorter but extended period (e.g., 18 months). Keeping children with the same teacher is more likely when multiage groups are used, because having a birthday or reaching developmental milestones does not force a change in class. Continuity of caregiver, however, is also used with same-age groupings. Teachers and their children may use the same physical space through their years together, or they may move from one classroom to another. In classes with multiple teachers, all teachers and children might move together, while in another setting, a subgroup of children might move with only one of the teachers. Thus, even within this practice (continuity of caregivers), there can be substantial variation. Yet the major requirement for providing continuity of caregiver is met.

To offer continuity of care for infants and toddlers, center staff might want to consider the following suggestions:

- Avoid taking new children only in the youngest group; this practice forces moving children up one at a time and separates them from the teacher to whom they are attached.
- Recruit new children to fill in at upper age levels when it is more appropriate to have more children per adult.
- Use mixed-age groupings.
- Reward staff for longevity with the program.
- If a staff member leaves, overlap staff so that children are never left with strangers.

Conclusion

Although positive child development effects may be associated with the practice of continuity of caregiver, it is certainly possible that there are also negative effects associated with the practice. For example, if a child spends several years with a teacher who interacts negatively with the child, undesirable outcomes would be likely. At this time, the actual effects associated with the practice are based only on theoretical assumption and limited research. Center staff may require more compelling evidence that a practice is truly a better option before undertaking the substantial modifications that are required in making a significant change.

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EFF-089 (1/2003)

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